

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1893

Part I General Information

1 Name of organization		Employer identification number
Pam Barkel for State Representative Committee		38 3518847
2 Mailing address (P.O. Box or number, street, and room or suite number)		
4034 Four Lakes Ave		
City or town, state, and ZIP code		
LINDEN MI 48451		
3 E-mail address of organization		
pambarkel@aol.com		
4a Name of custodian of records	4b Custodian's address	
Pam Barkel	4034 Four Lakes Ave	
	Linden MI 48451	
5a Name of contact person	5b Contact person's address	
Pam Barkel	4034 Four Lakes Ave	
	Linden	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
same		
City or town, state, and ZIP code		

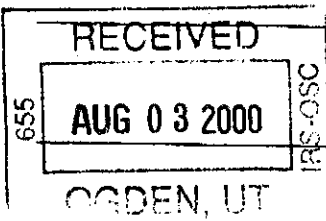
Part II Purpose

7 Describe the purpose of the organization

Political Campaign Committee

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

**Sign
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true/correct, and complete.

Signature of authorized official
 Pamela Barker

Signature of authorized official

7/28/00

Date _____



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